



State of Vermont

AGENCY OF HUMAN SERVICES

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May 6, 2020

Mr. Darryl Mayes
Director, Division of Cost Allocation
Department of Health and Human Services
26 Federal Plaza, Room 41-122
New York, New York 10278

Mr. Mayes:

Please accept the attached updates to the Vermont Agency for Human Services' (AHS) Cost Allocation Plans. The attached update is for the Random Moment Time Studies (RMTS) administered by the Department of Health (VDH).

The Maternal and Child Health Division of the VDH includes the School Based Medicaid Administration Claiming (MAC) program. A key element in this program is the web-based random moment time study (RMTS) designed and implemented by the University of Massachusetts, our contractor, in cooperation with the Vermont Department of Health (VDH).

On March 13, 2020 Vermont Governor Phil Scott declared a State of Emergency in Vermont in response to the COVID-19 pandemic. In a subsequent Executive Order on March 26, 2020 the Governor declared "Schools for preK-12 students shall remain dismissed for in-person instruction for the remainder of the 2019-2020 school year". Vermont proposes the following update to its Cost Allocation plan:

Effective April 1, 2020, in case of a State of Emergency that causes extended statewide school closures and impacts the statistical validity of the RMTS as defined in this section, such as a public health emergency, the RMTS will not be conducted. The average of the RMTS results from all other quarters in which RMTS was statistically valid during the same fiscal year will be applied to the state of emergency quarter(s). Vermont will notify CMS within 15 days of determining that a quarter is statistically invalid, including the reason for the determination, along with details and dates of the declaration of emergency.

Finally, AHS is closely monitoring the impact of COVID-19 on our operations and funding. Given the fast-changing nature of the situation, AHS may be making changes in the coming weeks to time studies, time tracking and payroll/expenditure coding and allocations as appropriate to account for COVID-19 related impacts across our agency. AHS may submit CAP amendments with details related to COVID-19 in the future, potentially requesting retro-approval back to April 1st or later effective dates.

Please contact Jill Gould at (802)-241-0442 or Jill.Gould@Vermont.gov if you have any questions.

Sincerely,

Jill Gould
Financial Director
Agency of Human Services

Vermont
Department of Health
Random Moment Time
Study (RMTS) Manual

For

School-Based Medicaid
Administrative Claiming
(MAC) Services

JULY 2011

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SECTION I

INTRODUCTION

Supervisory Unions (SUs) are Local Educational Authorities (LEAs) that provide a range of health-related services to students on a daily basis to ensure their overall development. Some of the students served through school health programs are covered by Medicaid, a joint state and federal health care insurance program. Because Medicaid is funded at both the state and federal level, LEAs are eligible to be reimbursed for a portion of the costs associated with providing medical and administrative health services to students insured by Medicaid/Dr. Dynasaur. The Vermont Department of Health (VDH) is responsible for administering the Medicaid Administrative Claiming (MAC) program for the State of Vermont.

SUs provide two types of services that are eligible for Medicaid. They provide medical services (for example, occupational therapy, nursing, or psychology services), and they also provide administrative services.

VDH determines reimbursable personnel costs for Medicaid administrative services through the following steps:

- (1) Accumulating personnel costs for those involved in administrative services.
- (2) Multiplying the costs by percentages of time spent on administrative services using a statewide Random Moment Time Study (RMTS); and
- (3) Multiplying the above by the relevant Medicaid eligibility percentages.

VDH uses a RMTS to determine percentages of staff time devoted to administrative services (step 2 above). This manual is intended to fully document the administration of the RMTS (Section II) and to provide guidance to SU personnel completing the RMTS (Section III). Section IV describes the MAC activity codes.

SECTION II

ADMINISTRATION OF THE RMTS

VDH has overall responsibility for the administration of the RMTS. VDH has contracted with the University of Massachusetts Medical School (UMASS) for the day to day administration of the RMTS. Each SU also has an assigned VDH School Liaison responsible for assisting with the administration of the RMTS in the SU and working with the SU's Project Coordinator at the local level. Each SU that has signed a MAC agreement with VDH participates in the statewide RMTS.

RMTS Participants

All SU personnel to be included in the administrative services claim are required to participate in the RMTS and will be included in the RMTS sampling pool.

Each SU participating in the MAC program must provide a list of personnel who provide Medicaid administrative activities at the beginning of the school year with quarterly updates. School personnel eligible to participate in the RMTS are based on the actual function that they perform rather than their job title.

There will be one statewide cost and RMTS pool for those personnel being claimed for administrative services. The information on these rosters will include the individual's name, job position, FTE, federally funded percentage, and ID number. Participants include salaried and contracted personnel, and full and part-time personnel. Staff are excluded from the cost pool and RMTS pool if they are reimbursed 100% by federal funds.

RMTS responses are aggregated across all SUs. Each SU will use the statewide RMTS time study results applied to each SU's costs, and each SU's reimbursable Medicaid Eligibility percentages.

A random sample of RMTS participants is asked to participate in the RMTS each quarter. All sampled time study participants who have not submitted their moment are contacted multiple times before the end of the grace period and reminded to complete the sampled moment. All coded responses are used in calculating the statewide time study percentages.

Minimum Response Rate and Non-Response Policy

To be sure the time study is completed properly, the VDH School Liaisons, Project Coordinators at the SU, and UMASS monitor response rates and provide assistance as needed, such as reminding individuals to complete the time study, and overall time study coordination.

If a RMTS participant has changed positions, and is no longer working in a position that is eligible to participate in the RMTS, or is on a leave of absence, any sampled moments for that participant would be excluded from the State's non-response rate calculation.

Similarly, if a participant is no longer employed, or retired, their sampled moment(s) would also be excluded.

Except as stipulated in the paragraph above, the non-response rate includes any selected moments not completed by selected RMTS participants within five (5) school days, Responses not returned or not coded will not be included in the calculation of RMTS activity code percentages. If a RMTS participant submits an incomplete or contradictory response, UMASS coders will follow up to obtain additional information in order to code the response accurately.

If the statewide return rate does not reach 85% for a given quarter, all moments for which there is no response are treated as non Medicaid activities. To ensure that enough moments are received to have a statistically valid sample, VDH will over-sample by 15%.

VDH will also monitor response rates by SU to ensure that all RMTS participants are returning moments. If a SU has non-returns greater than 15% in a quarter, VDH will send a notification letter.

If the statewide response rate does not reach 85% in a given quarter, School-Based Medicaid Providers who had received a notification letter within the last two years and whose response rate was lower than 85% in that quarter may be unable to claim reimbursement for that quarter. VDH reserves the right to grant exceptions to this rule on claiming prohibitions for individual providers in instances of extreme unforeseen circumstances, such as a natural disaster, on a case-by-case basis. If a School-Based Medicaid Provider repeatedly has a response rate lower than 85%, VDH may impose sanctions. Possible sanctions may include, but are not limited to, conducting more frequent monitoring reviews, imposing a corrective action plan, and reducing or eliminating the providers claimed portion of the FFP distribution amount.

If the statewide response rate reaches or exceeds 85%, all non-responses will be discarded.

RMTS Moments

Each quarter, VDH will determine the dates that each SU will be in session based on individual SU calendars. All days including and through the end of the school year will be included in the potential days to be chosen for the RMTS, even if they do not correspond to the calendar or fiscal quarter end date.

The total pool of “moments” within the RMTS is represented by applying each school calendar and hours to potential RMTS participants eligible to participate in the RMTS for that SU. The total pool of moments for the quarter does not include weekends, holidays, hours during which employees are not scheduled to work, and school days in which students are not present (i.e. teacher in-service days).

Effective April 1, 2020, in case of a State of Emergency that causes extended statewide school closures and impacts the statistical validity of the RMTS as defined in this section, such as a public health emergency, the RMTS will not be conducted. The average of the RMTS results from all other quarters in which RMTS was

statistically valid during the same fiscal year will be applied to the state of emergency quarter(s). Vermont will notify CMS within 15 days of determining that a quarter is statistically invalid, including the reason for the determination, along with details and dates of the declaration of emergency.

Participants complete the time study for a randomly selected moment(s) during the three quarters that overlap with the school year. RMTS quarters are defined as:

- October – December
- January – March
- April – June

An average of the RMTS results from the prior three quarters is applied to the summer quarter, July-September. This approach aligns quarterly costs with quarterly time study results.

~~For the AAC claim for quarter ending 9/30/10 the average of the time study results for QEs 12/31/09, 3/31/10 and 6/30/10 will be used with the activity codes that are described in the July 2005 Time Study Manual for Administrative Activities.~~

Random Sampling of Moments/Participants

VDH uses a sampling methodology to achieve a level of precision of +/- 2% with a 95% confidence level for activities. Once compiled, the statewide time study pool is sampled to identify participants in the RMTS. The participant sample is selected from the statewide RMTS pool using a statistically valid random sampling technique. Using a statistically valid random sampling technique, a desired number of random moments is also selected. Each moment is for a specific one minute interval that is within school working hours. Next, each randomly selected moment is matched up, using a statistically valid random sampling technique, with an individual from the total pool of participants.

Each time the selection of a moment and the selection of a name occurs, both the moment and the name are returned to the overall sample pool to be available for selection again. In other words, the random selection process is done with replacement so that each moment and each person are available to be selected each time a selection occurs. This step guarantees the randomness of the selection process. Results from the power analysis indicate that 2,401 sampled moments are required for each quarter. VDH intends to oversample by 15% for a total of 2,761 moments. The statistician's analysis with these results is included in section VI.

Each selected moment is defined as a specific one-minute unit of a specific day from the total pool of time study moments in the quarter and is assigned to a specific time study participant. Each moment selected from the pool is included in the time study and coded according to the documentation submitted by the participant.

Notify RMTS Participants about their Selected Moments and Monitor Responses

The RMTS participants are notified via email of their requirement to participate in the time study and of their sampled moment. Sampled participants will be notified of their sampled moment three days prior to the sampled moment, one hour prior to the sampled moment and at the sampled moment. At the prescribed moment, each sampled participant is asked to record and submit his/her activity for that moment online. The participant will also receive reminders two hours, 24 hours, 48 hours, 72 hours and 96 hours after the moment until the random moment is completed. The participant will not have access to the moment after five school days have elapsed, and the moment will be considered “incomplete expired.”

VDH, UMASS, School Liaisons, and Project Coordinators will have access to reports that monitor the status of moments.

Prior to calculating the time study results at the end of each quarter, UMASS will verify that at least 85% of the sampled moments have been completed.

Coding, Tabulating and Verifying RMTS Results

The time study will be completed online using a web-based system. All RMTS participants will see the same screens. The system will automatically code all responses when predefined answers are selected for all RMTS questions. For all the questions, the RMTS participant is free to write his/her own answer. Furthermore, the following instructions will be included on the screen, “Review the list of possible responses for each question. If the list does not contain an option that **accurately** describes your response to that question, use the box to type one that does. DO NOT include the proper names of students, parents, or co-workers.”

If the RMTS participant elects to type in his/her own answer for any question, UMASS will be responsible for coding the response. Coders at UMASS will see different screens than RMTS participants in the schools, so that they can review the answers, and select the appropriate MAC activity code. UMASS will follow up directly with RMTS participants whose responses do not provide enough information to code. Once the additional information is obtained, a code will be assigned. If additional information is not submitted, the moment will not be included in the calculation of the RMTS activity code percentages.

The online system has several features that assure that the RMTS is completed correctly. Predefined answers to each question are provided. RMTS participants may select from the list, or provide a written response if the provided lists of responses do not fully or accurately describe their activity. Respondents can select only one response for each question. Before the survey can be submitted online, the respondent must check a box that says, "I certify that this information is complete and accurate." The VDH contractor (UMASS), the School Liaisons and the Project Coordinators can monitor the status of moments using online, real-time reports. The RMTS participant will also receive reminders two hours, 24 hours, 48 hours, 72 hours and 96 hours after the moment until the random moment is completed. The RMTS participant will not have access to the moment after five school days have elapsed, and the moment will be considered “incomplete expired.”

UMASS is responsible for tabulating the results from the online time studies. All coded responses are included in tabulating results.

Training

Three types of training will be conducted (1) School Liaison and Project Coordinator Training, (2) UMASS Coding Staff Training and (3) RMTS Participant Training. The following is an overview of each training type.

School Liaison and Project Coordinator Training

UMASS will provide initial training for the School Liaisons, which will include an overview of the RMTS software system and information on how to access and input information into the system. It is essential for the liaisons to understand the purpose of the RMTS, the appropriate completion of the RMTS, the timeframes and deadlines for participation, and that their role is crucial to the success of the program. VDH School Liaisons will provide the same training to the Project Coordinators at the SU level.

UMASS Coding Staff Training

Central Coders will be employed by UMASS. Each coder receives training by UMASS management staff. Coders review the documentation of RMTS participant activities performed during the selected moments. They will then determine the appropriate MAC activity code. Management staff review coded responses to ensure accuracy. When a RMTS participant chooses from the predefined answers, the coding will be completed systematically. If the RMTS participant writes a response to the RMTS questions, or chooses a combination of predefined answers that do not correspond to a MAC activity code, the central UMASS coder will manually select the appropriate MAC activity code. If the response provided is not sufficient to determine the appropriate MAC activity code, the central UMASS coder will contact the RMTS participant for additional information about the moment. Once the information is received, the moment will be coded and included in the final time study percentage calculation. The moments and the assigned MAC codes will be reviewed for consistency and adherence to the state approved MAC activity codes.

UMASS/VDH will provide training to the central coding staff on an as-needed basis. On a quarterly basis, VDH will review a sample of the coding process and RMTS participant documentation for Quality Assurance. This is to assure the data submitted in the time study questionnaires support the code selected, and, therefore, show the coding process is valid and accurate. In addition to the quarterly review, at its discretion, VDH can review the completed coding and original RMTS documentation at any time throughout the claim process, or as needed for further review or audit purposes.

RMTS Participant Training

RMTS participants are trained on how to complete the RMTS through the use of online training instructions. Such instruction will include selecting answers from the list of predefined responses, drafting a written response, understanding the response deadline, and certifying and saving responses. Since RMTS participants will not be selecting MAC activity codes, the training will focus on program requirements and the completion of the RMTS survey. The sampled staff training will not include an overview of MAC activity codes since all coding will be completed by central UMASS coders.

Validation

UMASS will randomly select a 5% sample of coded responses which will be submitted to VDH each quarter for validation. The validation will consist of reviewing the RMTS participant responses and the corresponding code assigned by UMASS to determine if the code was accurate. VDH will review the results and independently code the activity and compare it to the MAC activity recorded by the coder. VDH will communicate validation results to UMASS, and will require them to submit a corrective action plan if there is a variance.

Oversight and Monitoring

VDH is responsible for oversight and monitoring of the RMTS program. In particular, VDH monitors the activities of its contractor (UMASS), and monitors the SUs. This includes training, data collection, and coding of responses.

1. VDH reviews and approves the process for identifying the population and the sampling methodology and results based on quarterly reports submitted by UMASS. UMASS will submit a population report before each quarter indicating the total population number by SU, and the sample size picked by UMASS. UMASS will submit a report before each quarter with the name of the sampled respondent, the SU, the job title, and the moment selected. UMASS will submit a report after the end of each quarter with the name of the sampled respondent, the SU, the job title, the moment selected, and the code assigned for that moment.
2. VDH reviews and approves all training materials. UMASS submits a quarterly report to VDH on training activities for the quarter.
3. VDH will review and approve system coding of predefined answers to activity codes.

Contact Information

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SECTION III

COMPLETING THE RMTS TIME STUDY

The purpose of Section III is to guide RMTS participants in completing the RMTS. For each randomly selected moment, the RMTS participant should select the answer which best answers the following questions:

- What were you doing?
- Who were you with? Please do not use actual names.
- Why were you performing this activity?
- In addition, sampled participants will certify the accuracy of their response prior to submission.

If none of the standard answers provided on the dropdown lists appropriately answer the question, the RMTS participant must provide a written response. The number of sampled moments must be completed within five school days after the sampled moment. Documentation of moments not received within the required time frame cannot be used in the calculation of the necessary number of moments needed to satisfy the level of precision of +/- 2% with a 95% confidence interval.

MAC Activity Codes

There is a code that will correspond with all functions performed by personnel completing the RMTS. It is important that time is tracked according *to the activity* being performed *rather than for whom* the activity is being performed (whether or not a student is on Medicaid is **not** relevant for the time study). The activities are segregated to identify reimbursable administrative time versus non-reimbursable time. The MAC activity codes will be used by UMASS to code the RMTS participant's responses. The following chart lists the activity codes used in the time study and indicates whether the activity code is Medicaid reimbursable administrative time or non-reimbursable time. These activity codes were adopted directly from the May 2003 CMS Administrative claiming guide. These MAC activity codes are mutually exclusive and ensure that there is no duplication. Activity codes are described in more detail in Section IV and examples are furnished.

- CODE A. Non-Medicaid/Dr. Dynasaur Outreach
- CODE B. Medicaid/Dr. Dynasaur Outreach
- CODE C. Facilitating Application for Non-Medicaid/Dr. Dynasaur Programs
- CODE D. Facilitating Medicaid/Dr. Dynasaur Eligibility Determination
- CODE E. School Related and Educational Activities
- CODE F. Direct Medical Services
- CODE G. Transportation for Non-Medicaid/Dr. Dynasaur Services
- CODE H. Transportation-Related Activities in Support of Medicaid/Dr. Dynasaur Covered Services
- CODE I. Non-Medicaid/Dr. Dynasaur Translation
- CODE J. Translation Related to Medicaid/Dr. Dynasaur Services

CODE K. Program Planning, Policy Development, and Interagency Coordination Related to Non-Medical Services
CODE L. Program Planning, Policy Development, and Interagency Coordination Related to Medical Services
CODE M Non-Medical/Non-Medicaid/Dr. Dynasaur Related Training
CODE N. Medical/Medicaid/Dr. Dynasaur Related Training
CODE O. Referral, Coordination, and Monitoring of Non-Medicaid/Dr. Dynasaur Services
CODE P. Referral, Coordination, and Monitoring of Medicaid/Dr. Dynasaur Services
CODE Q. General Administration

Using the Web-based RMTS

UMASS makes available to SUs, an easy-to-use, secure method of completing the RMTS that also complies with state and federal privacy guidelines, and eliminates the need for schools to maintain paper documentation.

Logging In

1. If you are logging in for the first time, you will receive an e-mail from Schoolbasedclaiming@umassmed.edu with your User ID, a temporary password, and a link to the website.

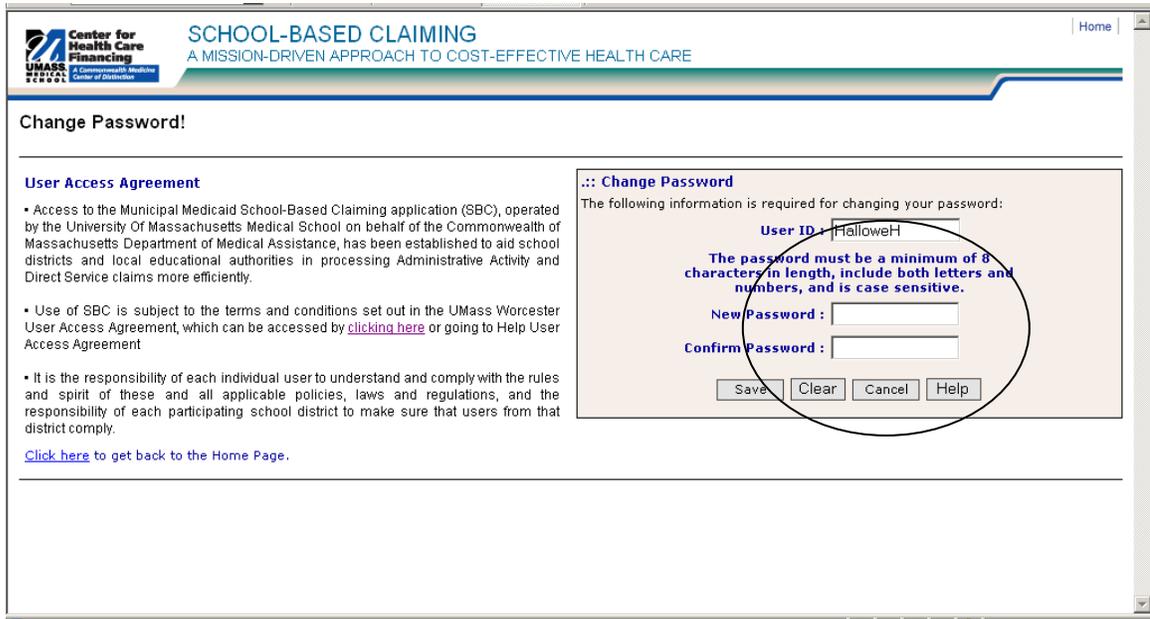
- a) Click on the link: <https://www.chcf.net/chcfweb/>
- b) Type in, or copy and paste, your temporary password. Click “OK”.
- c) You will be prompted to create a new, private password, made up of eight characters.

NOTE: Your password must be a combination of eight or more letters and numbers. It is case sensitive so the capital and lower-case letters that you choose must be used exactly as you indicate. Your password will expire every 90 days at which time the system will prompt you to create a new one.

- d) Your User ID, composed of parts of your last and first name, will appear in the User ID field.
- e) Verify the password by typing it in a second time.
- f) Click “Save”.

NOTE: The RMTS system is available 24 hours per day, 7 days per week.

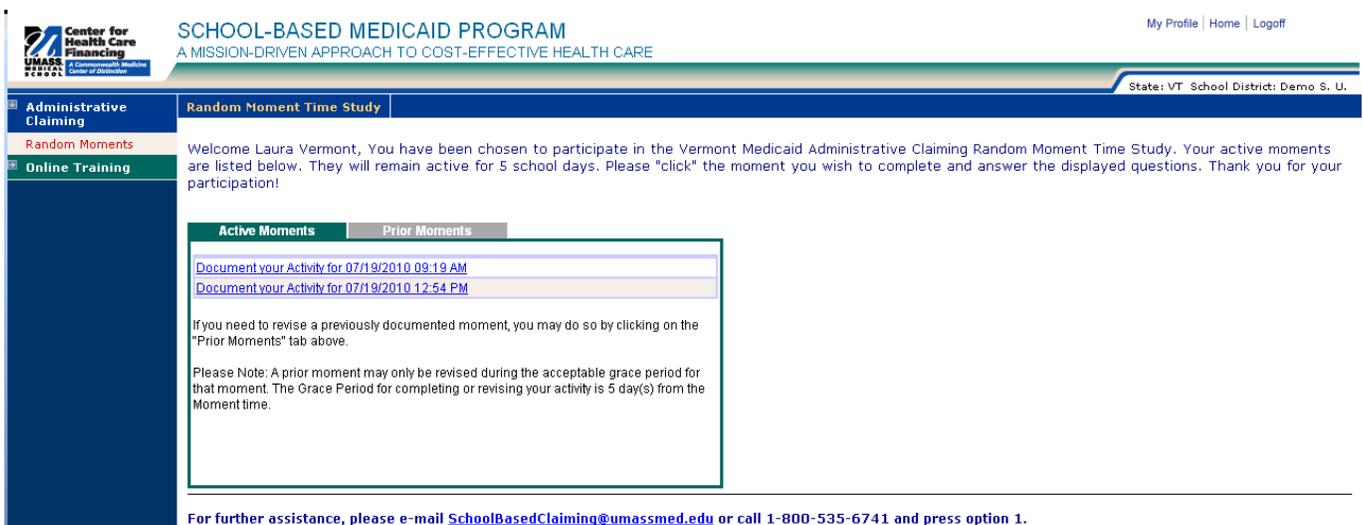
NOTE: The project coordinator at the SU should verify with their information technology person for each of the school buildings, that the above web address, and emails from the address above are not filtered out, or blocked by security settings.



NOTE: You will also receive confirmation of your successful password change when logging in for the first time.



2. If you have logged in before, log into the RMTS system with your current User ID and password. The User ID will be displayed automatically if the “Remember Me” box was previously clicked.
3. The RMTS page will appear on your screen.



Explanation of RMTS Screen

1. In this screen, your name and SU appear in the heading. Review this information to make sure that it is correct.
2. Active Moments are any moments that are currently available to be completed and are within the allowable grace period.
3. Click on the moment to complete the RMTS survey.

NOTE: It is not possible to view future dates. Your moment will only appear AFTER the assigned time has passed. You do not need to complete the moment at the time it is assigned.

Active Moments **Prior Moments**

You have no active moments to complete at this time.

If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.

Please Note: A prior moment may only be revised during the acceptable grace period for that moment. The Grace Period for completing or revising your activity is 5 day(s) from the Moment time.

If you have completed all of your moments, have not been assigned a moment, or the time of your moment has not yet passed, your screen will look like this

Completing the RMTS

1. There are two ways to complete the RMTS survey:
 - a. Click on the "Answer the Question" link after each question and a list of predefined answers will appear. (See #1 in the screen print below.) Select the appropriate answer from the list by clicking on it.

SCHOOL-BASED MEDICAID PROGRAM

A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

Random Moment Time Study

Profile
Participant : Laura Vermont Job Description : Nurse's Aide

Observation Moment : 07/19/2010 09:19 AM

* What were you doing? [Answer the Question](#)

* Who were you with? Please do not use actual names [Answer the Question](#)

* Why were you performing this activity ? [Answer the Question](#)

I certify that the answers submitted are accurate and complete.

Submit Close

Click on "Answer the Question" to get a list of responses

- b. If none of the answers on the list are appropriate, type your answer in the box below. ‘Review the list of possible responses for each question. If the list does not contain an option that **accurately** describes your activity, use the box to type one that does. DO NOT include the actual names of students, parents, or co-workers’. Click ‘Save.’

[SERVICES \(OT, PT, SPEECH, AUDIOLOGY, PSYCH, NURSING\) UNDER THE SCOPE OF YOUR LICENSE](#)
[Providing OT, PT, Nursing, Speech, or Audiology services in the IEP to a student, provided under the scope of your license](#)
[Providing Psychological or Psychiatric services in the IEP to a student, provided under the scope of your license](#)
[Providing Personal Care services that are in the IEP](#)
[School closed due to inclement weather or other emergency](#)
[Training/professional development to improve/enhance the curriculum or educational instruction](#)

Review the list of possible responses for each question. If the list does not contain an option that accurately describes your activity, use the box to type one that does. DO NOT include the actual names of students, parents, or co-workers:

Then click “Save”

Save Close

Use this text box to submit an answer that does not appear in the list of options

2. Repeat this process for all RMTS questions.

[Student\(s\)](#)
[Alone](#)
[School Staff](#)
[Parents/Guardians](#)
[School staff and parents/guardians](#)
[Students and School Staff](#)
[Not Applicable](#)
[Alone - telephone conversation](#)

Review the list of possible responses for each question. If the list does not contain an option that accurately describes your activity, use the box to type one that does. DO NOT include the actual names of students, parents, or co-workers:

Save Close

Sample options for question #2, “Who were you with?”

3. The selected answers will appear below the question.

Random Moment Time Study

Profile
Participant : Laura Vermont Job Description : Nurse's Aide

Observation Moment : 07/19/2010 09:19 AM

* **What were you doing?** [Answer the Question](#)
First aid to students

* **Who were you with? Please do not use actual names** [Answer the Question](#)
Parents/Guardians

* **Why were you performing this activity ?** [Answer the Question](#)
Supervising Staff

I certify that the answers submitted are accurate and complete.

Submit Close

4. Review your answers and click the box next to 'I certify that the answers submitted are accurate and complete.' Click 'Submit' to save.

Observation Moment : 07/19/2010 09:19 AM

* **What were you doing?** [Answer the Question](#)
First aid to students

* **Who were you with? Please do not use actual names** [Answer the Question](#)
Parents/Guardians

* **Why were you performing this activity ?** [Answer the Question](#)
Supervising Staff

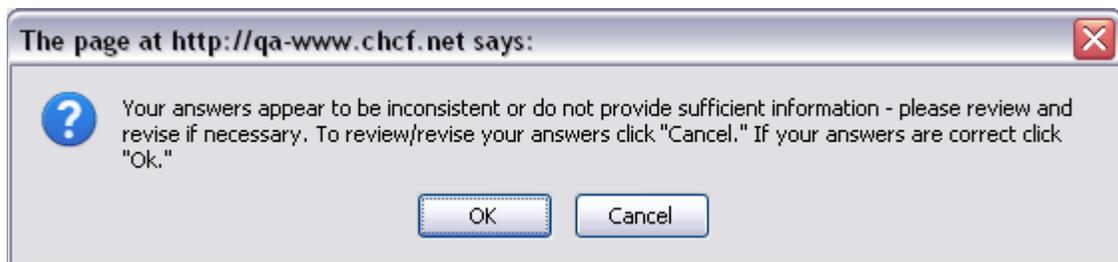
I certify that the answers submitted are accurate and complete.

Then click "Submit"

Submit Close

5. If the answers you have chosen to do not fit together, the system will ask you again if your answers are correct. At this point you can submit your answers the way they are, or review your moment.

NOTE: If you manually type an answer for any of the three questions, you will receive this prompt.



6. Clicking 'Close' will move you away from this screen without saving the data.

NOTE: After one hour of inactivity, the system will log out and any answers not previously submitted will be lost.

Random Moment Time Study

Welcome Laura Vermont, You have been chosen to participate in the Vermont Moments Study. Your moments are listed below. They will remain active for 5 school days after your last participation!

Thank You for documenting your activity.

Once your moment is submitted, the system will thank you for your participation and your completed moment will no longer appear on the "Active Moments" list

Active Moments **Prior Moments**

[Document your Activity for 07/19/2010 12:54 PM](#)

If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.

Please Note: A prior moment may only be revised during the acceptable grace period for that moment. The Grace Period for completing or revising your activity is 5 day(s) from the Moment time.

For further assistance, please e-mail SchoolBasedClaiming@umassmed.edu or call

Reviewing or Editing saved data.

Once a moment is completed by clicking the "submit" button, it is automatically moved to the "Prior Moments" screen.

1. Click on 'Prior Moments.' You will see a list of moments.

Active Moments **Prior Moments**

Prior Moments may be revised only if they fall within the acceptable grace period for that moment. If you need to revise your moment during the grace period, please click on the applicable moment time below, revise your answers and resave your moment.

[07/19/2010 09:19 AM](#)

2. Click on the date and minute to review the answers submitted.
3. Click on “Answer the Question” to edit your answer.

Observation Moment : 07/19/2010 09:19 AM

*** What were you doing? [Answer the Question](#)**
First aid to students

*** Who were you with? Please do not use actual names [Answer the Question](#)**
Student(s)

*** Why were you performing this activity ? [Answer the Question](#)**
To correct or ameliorate a medical condition

I certify that the answers submitted are accurate and complete.

4. Select a new answer or type in an answer in the ‘Other’ box. If you type an answer in the text box, you will need to click “Save.”

Observation Moment : 07/19/2010 12:54 PM

*** What were you doing? [Answer the Question](#)**
I performing an activity.

*** Who were you with? Please do not use actual names [Answer the Question](#)**
I was with someone.

*** Why were you performing this activity ? [Answer the Question](#)**
I was doing this because...

I certify that the answers submitted are accurate and complete.

Sample of user typed answers

5. You will be returned to the Prior Moments screen.

NOTE: Answers can only be edited prior to the end of the grace period.

SECTION IV – MAC ACTIVITY CODES AND EXAMPLES

CODE A. NON-MEDICAID/DR. DYNASAUR OUTREACH

This code should be used for activities that inform individuals about their eligibility for non-Medicaid/Dr. Dynasaur social, vocational and educational programs (including special education) and how to access them; describing the range of benefits covered under these programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Informing families about wellness programs and how to access these programs.
2. Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices.
3. Conducting general health education programs or campaigns that address life-style changes in the general population (e.g., dental prevention, anti-smoking, alcohol reduction, etc.).
4. Conducting outreach campaigns that encourage persons to access social, educational, legal or other services not covered by Medicaid/Dr. Dynasaur.
5. Assisting in early identification of children with special medical/dental/mental health needs through various child find activities.
6. Outreach activities in support of programs that are 100 percent funded by state general revenue.
7. Developing outreach materials such as brochures or handbooks for these programs.
8. Distributing outreach materials regarding the benefits and availability of these programs.

CODE B. MEDICAID/DR. DYNASAUR OUTREACH

This code should be used for activities that inform eligible or potentially eligible individuals about Medicaid/Dr. Dynasaur and how to access the program. Such activities include bringing potential eligibles into the Medicaid/Dr. Dynasaur system for the purpose of the eligibility process. Outreach may only be conducted for the populations served by the school districts, i.e., students and their parents or guardians.

The following are examples of activities that are considered Medicaid/Dr. Dynasaur outreach:

1. Informing Medicaid/Dr. Dynasaur eligible and potential Medicaid/Dr. Dynasaur eligible children and families about the benefits and availability of services provided by Medicaid/Dr. Dynasaur (including preventive treatment, and screening) including services provided through the EPSDT program.
2. Developing and/or compiling materials to inform individuals about the Medicaid/Dr. Dynasaur program (including EPSDT) and how and where to obtain those benefits.
Note: This activity should not be used when Medicaid/Dr. Dynasaur -related materials are already available to the schools (such as through the Medicaid//Dr. Dynasaur appropriate, school developed outreach materials should have prior approval of the Medicaid agency).
3. Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid/Dr. Dynasaur program, including EPSDT.

4. Assisting the Medicaid/Dr. Dynasaur agency to fulfill the outreach objectives of the Medicaid/Dr. Dynasaur program by informing individuals, students and their families about health resources available through the Medicaid program.
5. Providing information about Medicaid/Dr. Dynasaur, EPSDT screening (e.g., dental, vision) in schools that will help identify medical conditions that can be corrected or improved by services offered through the Medicaid program.
6. Contacting pregnant and parenting teenagers about the availability of Medicaid/Dr. Dynasaur prenatal, and well baby care programs and services.
7. Providing information regarding Medicaid/Dr. Dynasaur managed care programs and health plans to individuals and families and how to access that system.
8. Encouraging families to access medical/dental/mental health services provided by the Medicaid/Dr. Dynasaur program.

CODE C. FACILITATING APPLICATION FOR NON-MEDICAID/DR. DYNASAUR PROGRAMS

This code should be used for activities which inform an individual or family about programs such as Temporary Assistance for Needy Families (TANF), Food Stamps, Women, Infants, and Children (WIC), day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application.

1. Explaining the eligibility process for non-Medicaid/Dr. Dynasaur programs, including IDEA.
2. Assisting the individual or family collect/gather information and documents for the non-Medicaid/Dr. Dynasaur program application.
3. Assisting the individual or family in completing the application, including necessary translation activities.
4. Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program.
5. Developing and verifying initial and continuing eligibility for non-Medicaid/Dr. Dynasaur programs.
6. Providing necessary forms and packaging all forms in preparation for the non-Medicaid/Dr. Dynasaur eligibility determination.

CODE D. FACILITATING MEDICAID/DR. DYNASAUR ELIGIBILITY DETERMINATION

This code should be used for activities which assist individuals in the Medicaid/Dr. Dynasaur eligibility process. Include related paperwork, clerical activities, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility.

1. Verifying an individual's current Medicaid/Dr. Dynasaur eligibility status for purposes of the Medicaid/Dr. Dynasaur eligibility process.
2. Explaining Medicaid/Dr. Dynasaur eligibility rules and the Medicaid eligibility process to prospective applicants.
3. Assisting individuals or families to complete a Medicaid/Dr. Dynasaur eligibility application.

4. Gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid/Dr. Dynasaur application.
5. Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
6. Referring an individual or family to the local Assistance Office to make application for Medicaid benefits.
7. Assisting the individual or family in collecting/gathering required information and documents for the Medicaid application.
8. Participating as a Medicaid eligibility outreach outstation, but does not include determining eligibility.

CODE E. SCHOOL-RELATED AND EDUCATIONAL ACTIVITIES

This code should be used for school-related activities, including social services, educational services, teaching services, employment and job training, and other activities that are not Medicaid-related. These activities include the development, coordination, and monitoring of a student's education plan. Include related paperwork, clerical activities, or staff travel required to perform these activities.

1. Providing classroom instruction (including lesson planning).
2. Testing, correcting papers.
3. Developing, coordinating, and monitoring the Individualized Education Program (IEP) for a student, which includes ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the actual IEP meetings with the parents. (If appropriate, this would also refer to the same activities performed in support of an Individualized Family Service Plan (IFSP).)
4. Compiling attendance reports.
5. Performing activities that are specific to instructional, curriculum, and student-focused areas.
6. Reviewing the education record for students who are new to the school district.
7. Providing general supervision of students (e.g., playground, lunchroom).
8. Monitoring student academic achievement.
9. Providing individualized instruction (e.g., math concepts) to a special education student.
10. Conducting external relations related to school educational issues/matters.
11. Compiling report cards.
12. Carrying out discipline.
13. Performing clerical activities specific to instructional or curriculum areas.
14. Activities related to the educational aspects of meeting immunization requirements for school attendance.
15. Compiling, preparing, and reviewing reports on textbooks or attendance.
16. Enrolling new students or obtaining registration information.
17. Conferring with students or parents about discipline, academic matters or other school related issues.
18. Evaluating curriculum and instructional services, policies, and procedures.
19. Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop, computer instruction).
20. Translating an academic test for a student.

CODE F. DIRECT MEDICAL SERVICES

This code should be used when RMTS participants are providing care, treatment, and/or counseling services to an individual. This code also includes administrative activities that are an integral part of or extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, parent consultations, billing activities). This code also includes all related paperwork, clerical activities, or staff travel required to perform these activities.

1. Providing health/mental health services contained in an IEP.
2. Medical/health assessment and evaluation as part of the development of an IEP.
3. Conducting medical/health assessments/evaluations and diagnostic testing and preparing related reports.
4. Providing personal aide services.
5. Providing speech, occupational, physical and other therapies.
6. Administering first aid, or prescribed injection or medication to a student.
7. Providing direct clinical/treatment services.
8. Performing developmental assessments.
9. Providing counseling services to treat health, mental health, or substance abuse conditions.
10. Developing a treatment plan (medical plan of care) for a student if provided as a medical service.
11. Performing routine or mandated child health screens including but not limited to vision, hearing, dental, and EPSDT screens.
12. Providing immunizations.
13. Targeted Case Management (if provided or covered as a medical service under Medicaid).
14. Transportation (if covered as a medical service under Medicaid). See Code H on claiming for transportation as an administrative cost.
15. Activities that are services, or components of services, listed in the state's Medicaid plan.

CODE G. TRANSPORTATION FOR NON-MEDICAID/DR. DYNASAUR SERVICES

This code should be used when RMTS participants are assisting an individual to obtain transportation to services not covered by Medicaid/Dr. Dynasaur, or accompanying the individual to services not covered by Medicaid/Dr. Dynasaur. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Scheduling or arranging transportation to social, vocational, and/or educational programs and activities.

CODE H. TRANSPORTATION-RELATED ACTIVITIES IN SUPPORT OF MEDICAID/DR. DYNASAUR COVERED SERVICES

This code should be used when RMTS participants are assisting an individual to obtain transportation to services covered by Medicaid/Dr. Dynasaur. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.), but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Scheduling or arranging transportation to Medicaid covered services.

CODE I. NON-MEDICAID/DR. DYNASAUR TRANSLATION

This code should be used when RMTS participants are providing translation services for non-Medicaid/Dr. Dynasaur activities should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities. Non-Medicaid/Dr. Dynasaur translation can be reported in two ways: As a separate non-Medicaid/Dr. Dynasaur code (Code I.) or as an example within one or more non-Medicaid/Dr. Dynasaur activity codes.

1. Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand social, educational, and vocational services.
2. Arranging for or providing translation services (oral or signing services) that assist the individual to access and understand state education or state-mandated health screenings (e.g., vision, hearing, scoliosis) and general health education outreach campaigns intended for the student population.
3. Developing translation materials that assist individuals to access and understand social, educational, and vocational services.

CODE J. TRANSLATION RELATED TO MEDICAID/DR. DYNASAUR SERVICES

Translation may be allowable as an administrative activity, if it is not included and paid for as part of a medical assistance service. However, translation must be provided either by separate units or separate employees performing solely translation functions for the school and it must facilitate access to Medicaid/Dr. Dynasaur covered services. Please note that a school district does not need to have a separate administrative claiming unit for translation. School employees who provide Medicaid/Dr. Dynasaur translation services should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities. Medicaid/Dr. Dynasaur translation can be reported in two ways: As a separate Medicaid code (Code J) or as an example within one or more Medicaid/Dr. Dynasaur activity codes.

1. Arranging for or providing translation services (oral and signing) that assist the individual to access and understand necessary care or treatment covered by Medicaid/Dr. Dynasaur.
2. Developing translation materials that assist individuals to access and understand necessary care or treatment covered by Medicaid/Dr. Dynasaur.

CODE K. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO NON-MEDICAL SERVICES

This code should be used when RMTS participants are performing activities associated with developing strategies to improve the coordination and delivery of non-medical services to school age children. Non-medical services may include social services, educational services, vocational services, and state or state education mandated child health screenings provided to the general school population. Employees whose position descriptions include program planning, policy development, and interagency coordination may use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Identifying gaps or duplication of non-medical services (e.g., social, vocational educational and state mandated general health care programs) to school age children and developing strategies to improve the delivery and coordination of these services.

2. Developing strategies to assess or increase the capacity of non-medical school programs.
3. Monitoring the non-medical delivery systems in schools.
4. Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
5. Evaluating the need for non-medical services in relation to specific populations or geographic areas.
6. Analyzing non-medical data related to a specific program, population, or geographic area.
7. Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical problems.
8. Defining the relationship of each agency's non-medical services to one another.
9. Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services and state-mandated health screenings to the school populations.
10. Developing non-medical referral sources.
11. Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.

CODE L. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDICAL SERVICES

This code should be used when RMTS participants are performing activities associated with the development of strategies to improve the coordination and delivery of medical/dental/mental health services to school age children, and when performing collaborative activities with other agencies and/or providers. Employees whose position descriptions include program planning, policy development, and interagency coordination may use this code. This code refers to activities such as planning and developing procedures to track requests for services; the actual tracking of requests for Medicaid/Dr. Dynasaur services would be coded under Code P, Referral, Coordination and Monitoring of Medical Services. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Identifying gaps or duplication of medical/dental/mental services to school age children and developing strategies to improve the delivery and coordination of these services.
2. Developing strategies to assess or increase the capacity of school medical/dental/mental health programs.
3. Monitoring the medical/dental/mental health delivery systems in schools.
4. Developing procedures for tracking families' requests for assistance with medical/dental/mental services and providers, including Medicaid/Dr. Dynasaur. (This does not include the actual tracking of requests for Medicaid services.)
5. Evaluating the need for medical/dental/mental services in relation to specific populations or geographic areas.
6. Analyzing Medicaid/Dr. Dynasaur data related to a specific program, population, or geographic area.
7. Working with other agencies and/or providers that provide medical/dental/mental services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid/Dr. Dynasaur eligibles, and to increase provider participation and improve provider relations.
8. Working with other agencies and/or providers to improve collaboration around the early identification of medical/dental/mental problems.

9. Developing strategies to assess or increase the cost effectiveness of school medical/dental/mental health programs.
10. Defining the relationship of each agency's Medicaid/Dr. Dynasaur services to one another.
11. Working with Medicaid resources, such as the Medicaid/Dr. Dynasaur agency and Medicaid/Dr. Dynasaur managed care plans, to make good faith efforts to locate and develop EPSDT health services referral relationships.
12. Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations.
13. Working with the Medicaid agency to identify, recruit and promote the enrollment of potential Medicaid providers.
14. Developing medical referral sources such as directories of Medicaid providers and managed care plans, who will provide services to targeted population groups, e.g., EPSDT children.
15. Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.
16. Evaluating Vermont School Nurse Report data, Immunization Status Report data, Youth Risk Behavior Survey data, Youth Health Survey data, etc. to determine needs for increased program development or to improve accessing medical or dental homes.

CODE M. NON-MEDICAL/NON-MEDICAID/DR. DYNASAUR RELATED TRAINING

This code should be used when RMTS participants are coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the Medicaid program. For example, training may include how to assist families to access the services of education programs, and how to more effectively refer students for those services. Include related paperwork, clerical activities, or staff travel required to perform these activities.

Non-medical/non-Medicaid training can be reported in two ways: As a separate code (Code M) or as an example within one or more non-medical/non-Medicaid activity codes.

1. Participating in or coordinating training that improves the delivery of services for programs other than Medicaid.
2. Participating in or coordinating training that enhances IDEA child find programs.

CODE N. MEDICAL/MEDICAID/DR. DYNASAUR RELATED TRAINING

This code should be used when RMTS participants are coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefits of medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer students for services. Include related paperwork, clerical activities, or staff travel required to perform these activities. Medical/Medicaid training can be reported in two ways: As a separate code (Code N) or as an example within one or more Medical/Medicaid activity codes.

1. Participating in or coordinating training that improves the delivery of medical/Medicaid/Dr. Dynasaur related services.
2. Participating in or coordinating training that enhances early identification, intervention, screening and referral of students with special health needs to such services (e.g.,

Medicaid/Dr. Dynasaur EPSDT services). (This is distinguished from IDEA child find programs.)

3. Participating in training on administrative requirements related to medical/Medicaid/Dr. Dynasaur services.

CODE O. REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAID/DR. DYNASAUR SERVICES

This code should be used when RMTS participants are making referrals for, coordinating, and/or monitoring the delivery of non-medical, such as educational services. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Making referrals for and coordinating access to social and educational services such as child care, employment, job training, and housing.
2. Making referrals for, coordinating, and/or monitoring the delivery of state education agency mandated child health screens (e.g., vision, hearing, scoliosis).
3. Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
4. Gathering any information that may be required in advance of these non-Medicaid related referrals.
5. Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health related services not covered by Medicaid.
6. Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

Case Management. Note that case management as an administrative activity involves the facilitation of access and coordination of program services. Such activities may be provided under the term Case Management or may also be referred to as Referral, Coordination, and Monitoring of non-Medicaid Services.

Case management may also be provided as an integral part of the service and would be included in the service cost.

School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of NON-Medicaid covered services.

CODE P. REFERRAL, COORDINATION, AND MONITORING OF MEDICAID/DR. DYNASAUR SERVICES

This code should be used when RMTS participants are making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid/Dr. Dynasaur covered) services. Referral, coordination and monitoring activities related to services in an IEP are reported in this code. Activities that are part of a direct service are not claimable as an administrative activity. Furthermore, **activities that are an integral part of or an extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) should be reported under Code F, Direct Medical Services.** Activities related to the development of an IEP should be reported under Code E, School Related and Educational Activities. Include related paperwork, clerical activities, or staff travel necessary to perform these activities.

1. Identifying and referring adolescents who may be in need of Medicaid family planning services.
2. Making referrals for and/or coordinating medical or physical examinations and necessary medical/dental/mental health evaluations.
3. Making referrals for and/or scheduling EPSDT screens, inter-periodic screens, and appropriate immunization, but NOT to include the state-mandated health services.
4. Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid/Dr. Dynasaur.
5. Arranging for any Medicaid/Dr. Dynasaur covered medical/dental/mental health diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health condition.
6. Gathering any information that may be required in advance of medical/dental/mental health referrals.
7. Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid/Dr. Dynasaur.
8. Providing follow-up contact to ensure that a child has received the prescribed medical/dental/mental health services covered by Medicaid/Dr. Dynasaur.
9. Coordinating the delivery of community based medical/dental/mental health services for a child with special/severe health care needs.
10. Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid/Dr. Dynasaur service providers as may be required to provide continuity of care.
11. Providing information to other staff on the child's related medical/dental/mental health services and plans.
12. Monitoring and evaluating the Medicaid/Dr. Dynasaur service components of the IEP as appropriate.
13. Coordinating medical/dental/mental health service provision with managed care plans as appropriate.

Case Management. Note that case management as an administrative activity involves the facilitation of access and coordination of services covered under the state's Medicaid/Dr. Dynasaur program. Such activities may be provided under the term Administrative Case Management or may also be referred to as Referral, Coordination, and Monitoring of Medicaid Services.

Case management may also be provided as an integral part of a medical service and would be included in the service cost. The state may also cover targeted case management as an optional service under Medicaid/Dr. Dynasaur.

School staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of Medicaid/Dr. Dynasaur covered services. Include related paperwork, clerical activities or staff travel required to perform these activities.

CODE Q. GENERAL ADMINISTRATION

This code should be used when RMTS participants are performing activities that are not directly assignable to program activities. Include related paperwork, clerical activities, or staff travel required to perform these activities. Note that certain functions, such as payroll, maintaining inventories, developing budgets, executive direction, etc., are considered overhead and, therefore, are only allowable through the application of an approved indirect cost rate. Below are typical examples of general administrative activities, but they are not all inclusive.

1. Taking lunch, breaks, leave, or other paid time not at work.
2. Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
3. Reviewing school or district procedures and rules.
4. Attending or facilitating school or unit staff meetings, training, or board meetings.
5. Performing administrative or clerical activities related to general building or district functions or operations.
6. Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance.
7. Reviewing technical literature and research articles.
8. Other general administrative activities of a similar nature as listed above that cannot be specifically identified under other activity
9. Data entry for Vermont School Nurse Report and Immunization Status Report

SECTION V TIME STUDY PARTICIPANTS

Speech/Language Therapist, Assistant or Aide
Occupational Therapist, Assistant or Aide
Physical Therapist Assistant or Aide
School Psychologist
Psychologist
Registered Nurse
Licensed Practical Nurse
Nurse's Aide
Audiologist/Hearing Impaired Specialist
Psychiatrist/Physician
Case Manager
School Adjustment Counselor
School Social Worker
Guidance Counselor
Certified Alcohol Counselors
Student Assistance Professionals (SAPS)
Home School Coordinators
Counselor/Mental Health Practitioner
Substance Abuse Workers
Project Coordinator
Dentist, Dental Hygienist
Special Education Director, Administrators/Assistants
Special Education clerical and technical support Personnel
Pupil Support Services Director, Administrators/Assistants
Pupil Support Services clerical and technical support Personnel
Health Coordinators
Nursing Director, Administrators/Assistants
Nursing clerical and technical support Personnel
Director of Guidance

NOTE School personnel eligible to participate in this program are based on the actual job function that they perform, not on their job title. Individuals who are expected to perform Medicaid related administrative activities should participate in the time study.

SECTION VI RESULTS OF POWER ANALYSIS

VDH will use the following statistical calculation to determine the number of moments required to meet the confidence level statewide. Computations are made using the statistical power analysis program nQuery Advisor 6.0 and are based on the tables by Machin and Campbell, which in turn were generated using the normal approximation to the binomial as described on pages 105-107 in Dixon and Massey. The expression for the sample size n is:

$$n = \left(\frac{Z_{1-\alpha/2}}{\omega} \right)^2 [\pi(1-\pi)]$$

where ω is the desired $1-\alpha$ interval width, $1-\alpha$ is assumed to be 95%, and π is the assumed true population proportion. The finite population adjusted sample size n_F is obtained by applying a finite population correction:

$$n_F = \frac{nN}{N-n}$$